

PROGRAM COMPLIANCE/SYSTEM OF CARE
ADVISORY TEAM (PSAT)

(formerly Staff Work Advisory Team)

DOCUMENTATION

(Updated 1-06)

Q1. What is the standard for timeliness of writing progress notes, e.g., the time from when the service was provided to the time when the clinician writes the progress note for that service?

A1. *The MHP Contract, Exhibit A, Attachment 3, Item No. 11 specifies that the County MH Director or designee must certify that all MC claims are true and accurate. As long as this certification has been met, the standard is “reasonable” timeliness. DMH reviewers would accept, as reasonable, a late note written within two weeks from the date of service.*

Proper documentation of a late entry should include: Indication as a “late entry” as well as the date of the late entry and the initials of the author.

Q2. Can a beneficiary have more than one client plan?

A2. *Yes. MHPs may permit providers to develop client plans that cover only the services to be delivered by that provider.*

Q3. How long must MHPs keep access and complaint/grievance logs?

A3. *The MHP contract with the DMH, Exhibit A, Attachment 1, Section P, specifies the rules around keeping books and records. The contract requires that access and grievance/appeal logs must be maintained for a minimum of three years after the final payment is made and all pending matters closed, or, in the event the Contractor has been duly notified that the Department, DHS, HHS, or the Comptroller General of the United States, or their duly authorized representatives, have commenced an audit or investigation of the contract, until such time as the matter under audit or investigation has been resolved, whichever is later.*